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PTO/SB/82 (01 06)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/539,558
Filing Date	June 17, 2005
First Named Inventor	Yitzchak Hillman
Art Unit	1654
Examiner Name	Kusser
Attorney Docket Number	HILLMAN1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Yitzchak Hillman		
Address	Shderot Herzl 10A/8		
City	Jerusalem	State	Zip 96105
Country	Israel		
Telephone	972-2-6542052	Email	yitzhill@gmail.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	YITZCHAK HILLMAN		
Date	5TH JUNE 2008	Telephone	972-2-6542052

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	Confirmation No. 9264
Yitzchak Hillman	)	Art Unit: 1654
I.A. Filing Date : 12/21/2003	)	Examiner: Kosar Andrew D
371 (c) Date : June 17, 2005	)	Date: May 29 <sup>th</sup> 2008
U.S. Appln. No. 10/539,558	)	Att. Docket: HILLMAN 1
For: DISEASE TREATMENT VIA	)	
ANTIMICROBIAL PEPTIDE...	)	

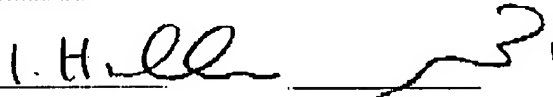
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PTO/SB/92 (7-16)  
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Under the provisions of the Act of 1902, an assignment or power of attorney is required by a trademark or service mark applicant to be filed with the application.

<b>REVOCATION OF POWER OF          ATTORNEY WITH          NEW POWER OF ATTORNEY          AND          CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/230,000
	Filing Date	June 17 2005
	First Named Inventor	Yitzhak Hillman
	Art Unit	3004
	Examiner Name	Kuska
	Attorney Docket Number	HILLMAN

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number. [ ]

☒ Please change the correspondence address for the above-identified application to.

☐ The address associated with Customer Number: [ ]

OR

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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 SIGNATURE of Applicant or Assignee of Record

Signature	[Signature]
Name	YITZCHAK HILLMAN
Date	5TH JUNE 2008
Telephone	972-2-6542052

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. (When multiple parties are required, see below.)

☐ Total of [ ] parties are submitted.

This document is required by 37 CFR 1.56. The information is required in order to obtain or retain a benefit by the public which is in the public interest (as defined by the Act) to prevent an application. Confidentiality is covered by 37 CFR 1.127 and 1.134. This collection is estimated to take 3 minutes to complete, including reviewing, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form in order to assist in reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 1155 Thurgood Marshall Avenue, P.O. Box 1450, Alexandria, VA 22312-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. E-mail to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450.

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